

What LTC Facilities Need to Do to Prepare for and Respond to COVID-19





KEEP
CALM
AND
WASH
YOUR
HANDS



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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Objectives

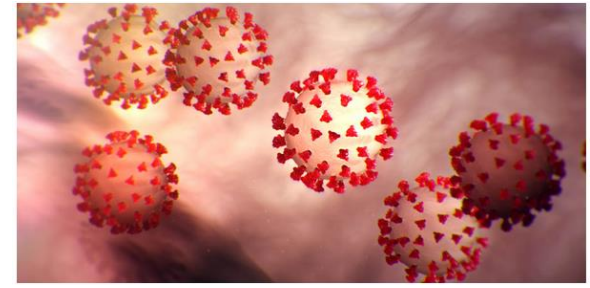
- Understand the different degrees of illness caused by coronaviruses, including coronavirus causing COVID 19
- Explain the guidance from IDPH and CDC related to COVID 19 control measures
- Implement a COVID 19 control plan using and interdisciplinary approach

2019 Novel Coronavirus (COVID-19)

Common Human Coronaviruses

- Include types 229E, NL63, OC43, and HKU1
 - May be on respiratory viral panel (RVP)
 - These are **NOT** COVID-19
- Usually cause mild to moderate upper-respiratory tract illnesses like the common cold.
 - Runny nose
 - Headache
 - Cough
 - Sore throat
 - Fever
 - Malaise
- Can cause lower-respiratory tract infections
 - Cardiopulmonary disease, impaired immune function, infants, and older adults more vulnerable

COVID 19 (coronavirus disease 2019)



- Novel (new) coronavirus (SARS-CoV-2) first detected in China
- Beta coronavirus like SARS and MERS-CoV
- People have no immunity
- 80% of people have mild illness (range very mild to pneumonia not requiring hospitalization)
- Healthy children contracting at same rate but with few to no symptoms ¹
- Serious illness in approximately 16% of cases
- China CDC: over 70,000 people, over 40,000 with confirmed COVID 19: Case fatality rate with people over 70 years was approximately 8% and over 80 years almost 15% ²

- 1. Quifang Bi, et al., 2020: 2. China CDC Weekly, Feb 20, 2020

The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020[J]. China CDC Weekly, 2020, 2(8): 113-122.



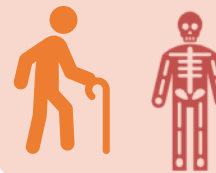
72,314 records, 44,672 confirmed cases COVID19



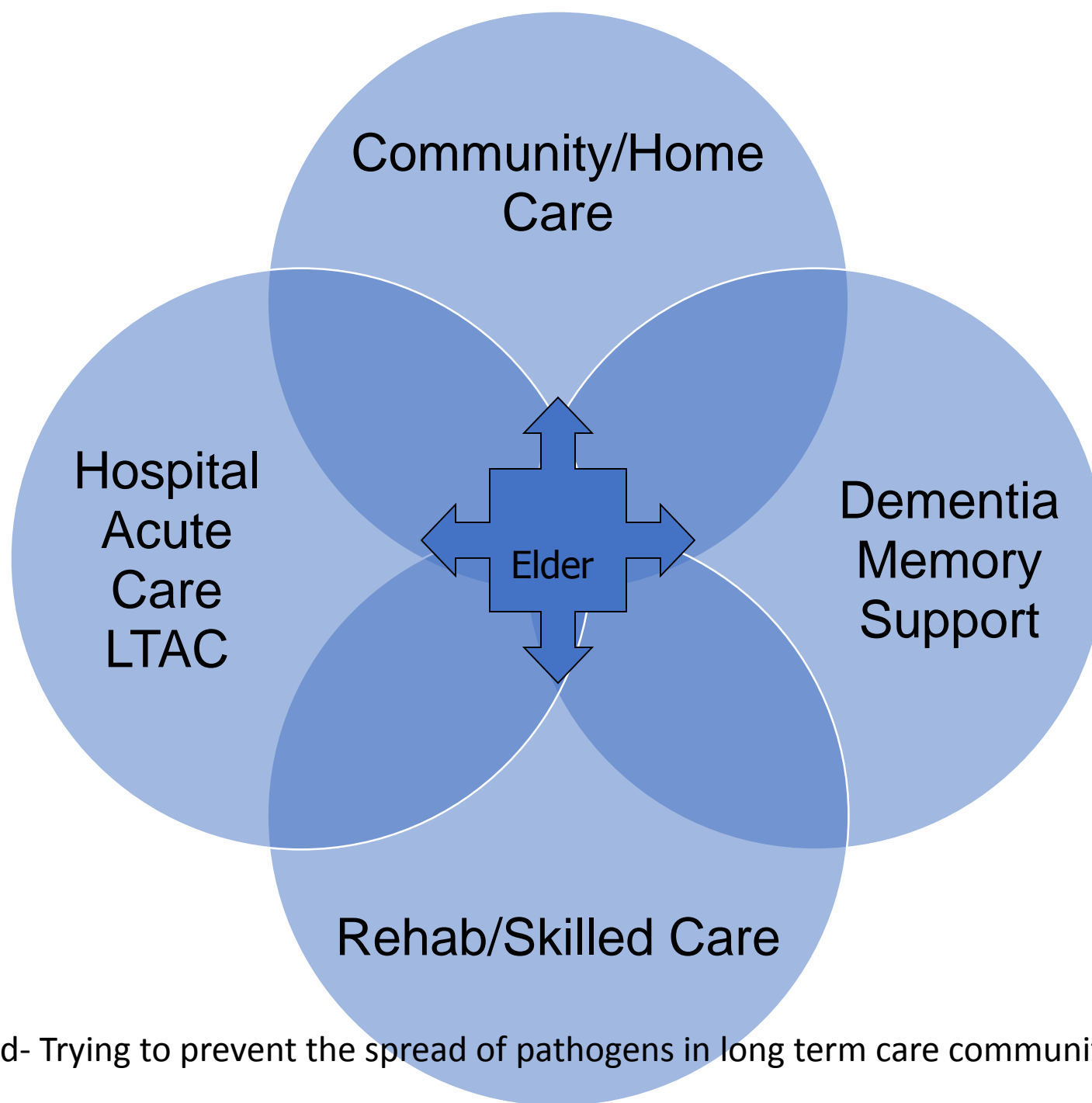
1,023 deaths: Overall case fatality rate 2.3%



80.9% had mild disease

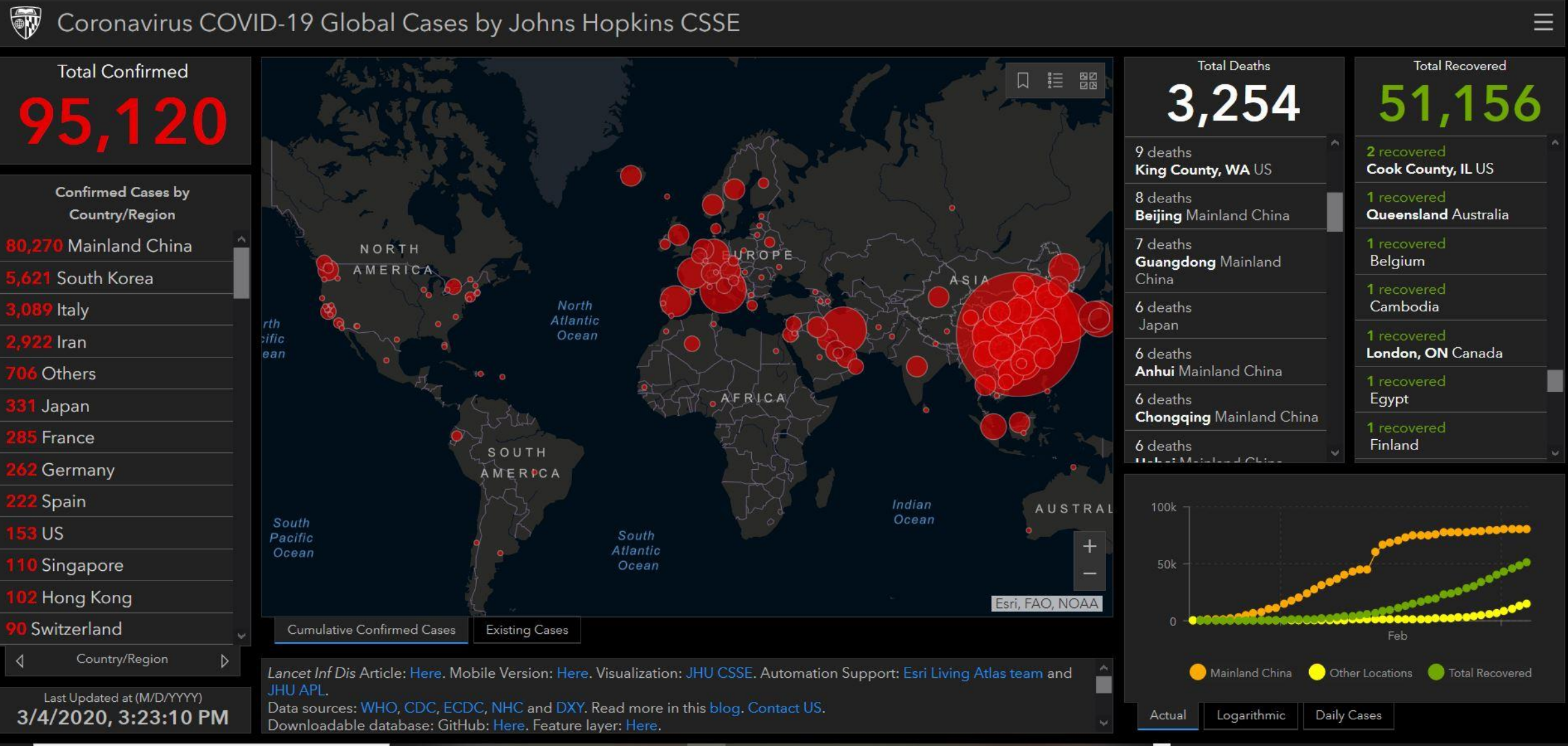


Case fatality rate in persons 80 years and older: 14.8%

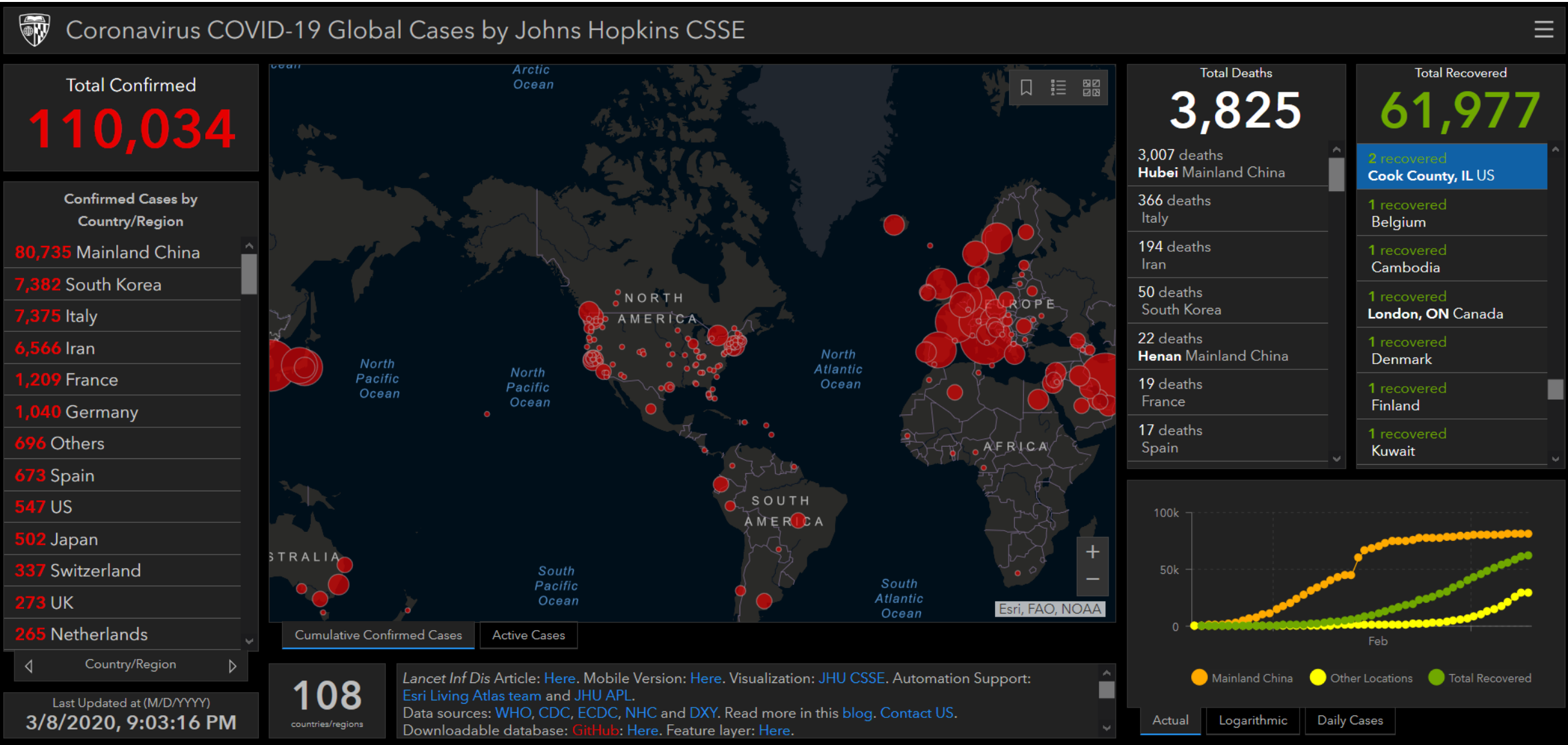


Background- Trying to prevent the spread of pathogens in long term care communities

Total Cases March 4, 2020



Total Cases March 8, 2020



Total US Cases March 8, 2020



Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE



Total Confirmed

547

Confirmed Cases by
Country/Region

80,735 Mainland China

7,382 South Korea

7,375 Italy

6,566 Iran

1,209 France

1,040 Germany

696 Others

673 Spain

547 US

502 Japan

337 Switzerland

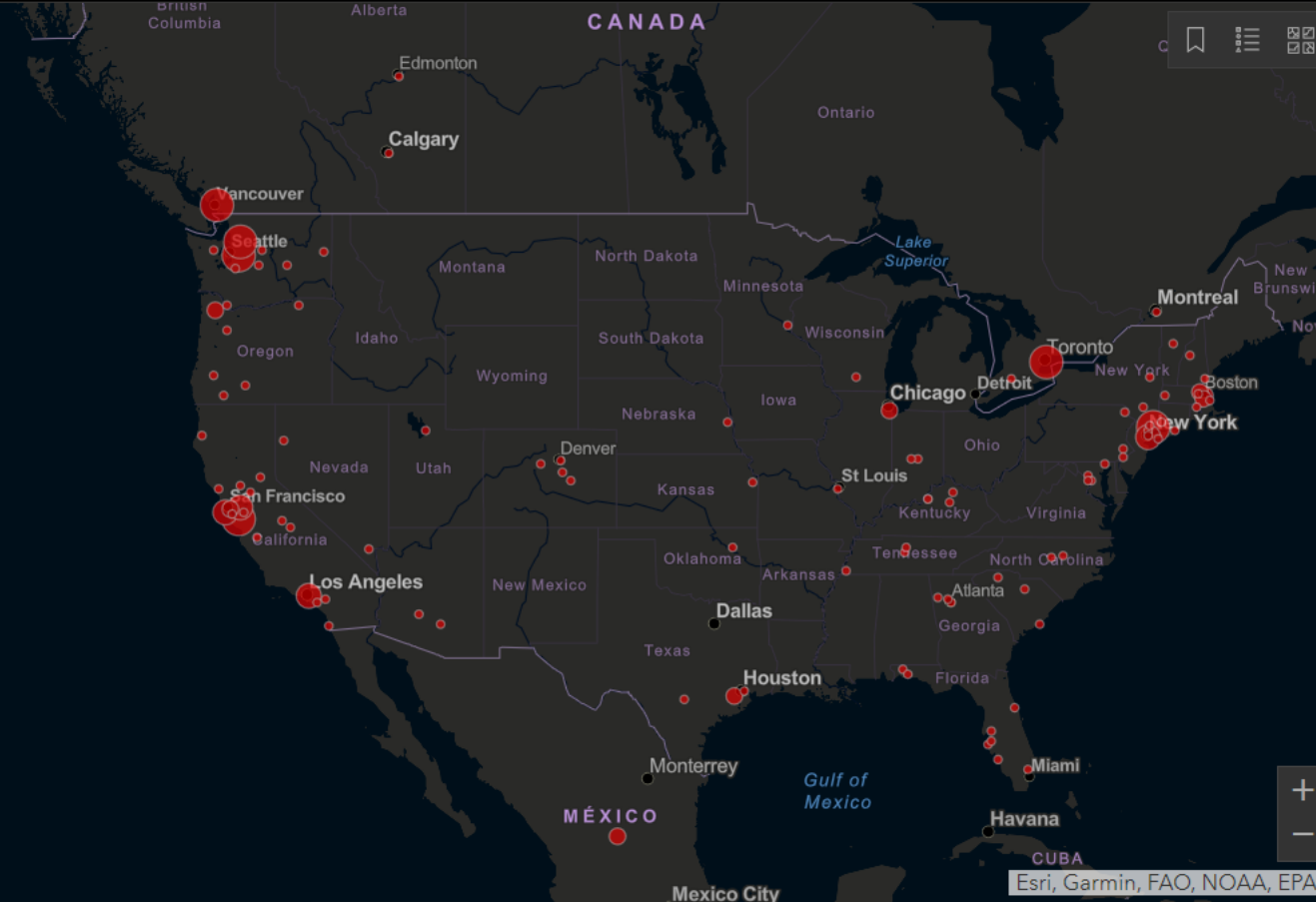
273 UK

265 Netherlands

Country/Region

Last Updated at (M/D/YYYY)

3/8/2020, 9:03:16 PM



Cumulative Confirmed Cases

Active Cases

108

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Visualization: [JHU CSSE](#). Automation Support: [Esri Living Atlas team](#) and [JHU APL](#).

Data sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#) and [DXY](#). Read more in this [blog](#). [Contact US](#).

Downloadable database: [GitHub](#): [Here](#). Feature layer: [Here](#).

Total Deaths

21

17 deaths

King County, WA US

1 deaths

Lee County, FL US

1 deaths

Placer County, CA US

1 deaths

Santa Rosa County, FL US

1 deaths

Snohomish County, WA US

Total Recovered

8

2 recovered

Cook County, IL US

1 recovered

King County, WA US

1 recovered

Madison, WI US

1 recovered

Maricopa County, AZ US

1 recovered

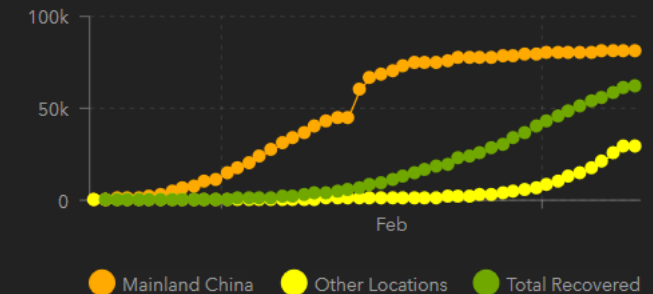
San Diego County, CA US

1 recovered

Santa Clara County, CA US

1 recovered

Suffolk County, MA US



Actual

Logarithmic

Daily Cases

'Still in triage mode': More residents, employees of Kirkland nursing home are hospitalized with coronavirus symptoms

March 8, 2020 at 2:32 pm | Updated March 8, 2020 at 6:27 pm

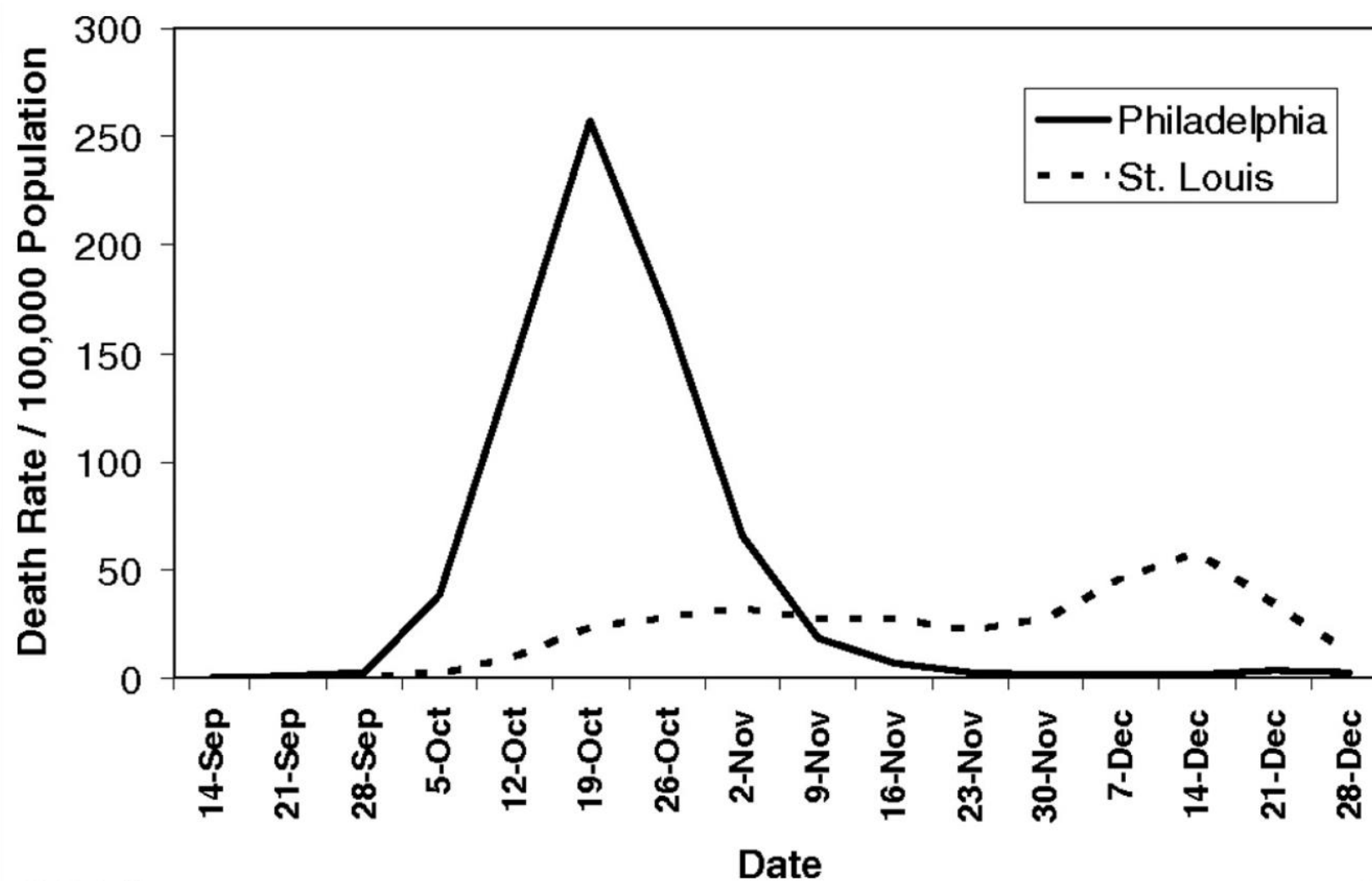


Photo: Ken Lambert / The Seattle Times

Common Sense Quick Response 1918

- In 1918 St. Louis introduced a broad series of public health measures to contain the flu within two days of the first reported cases
- Philadelphia, New Orleans and Boston all used similar interventions, but...
- ...They took longer to implement them, and as a result, peak mortality rates were higher
- In the most extreme disparity, the peak mortality rate in St. Louis was only **one-eighth** that of Philadelphia

Hatchet, Mecher, Lipstich (2007) Excess P&I mortality over 1913–1917 baseline in Philadelphia and St. Louis, September 8–December 28, 1918



Suggested Approaches

- Focus on keeping COVID 19 out of long term care
- Interdisciplinary planning and communication
- Clean hands
- Clean equipment and surfaces
- Contained droplets
- Respiratory Etiquette
- Age restrictions
- Health screen and questionnaires
- Use technology
- Reduce face to face opportunities for spread
- Inventory Control

Communication

- Communication is vital
- Involve entire interdisciplinary team BEFORE you have a case
- E-mail blasts, letters to residents, families, and staff, closed circuit communication, screen savers
- Constant communication
- Up to date scripts for receptionists, intake personnel
- Keep everyone up to date, and keep information up to date
- Transparency
- Communicate to staff how they will be supported when symptomatic

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

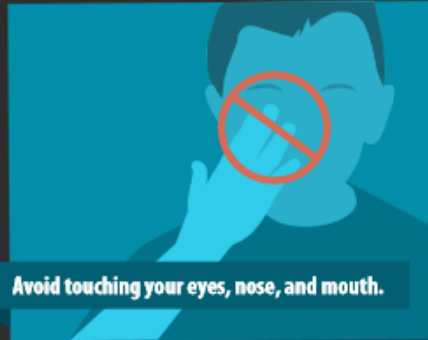
Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



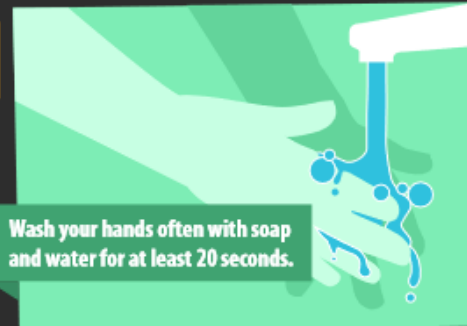
Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.

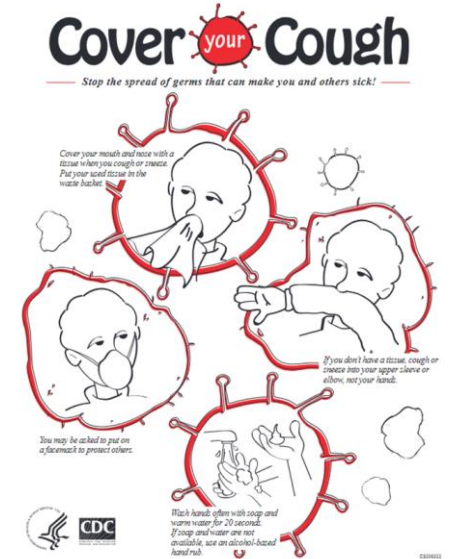


For more information: www.cdc.gov/COVID19

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Clean, Disinfect, and Contain

- Clean hands
- Clean/disinfected equipment and surfaces
- Contained Droplets
- Rapid identification and source control
- CDC Respiratory Etiquette



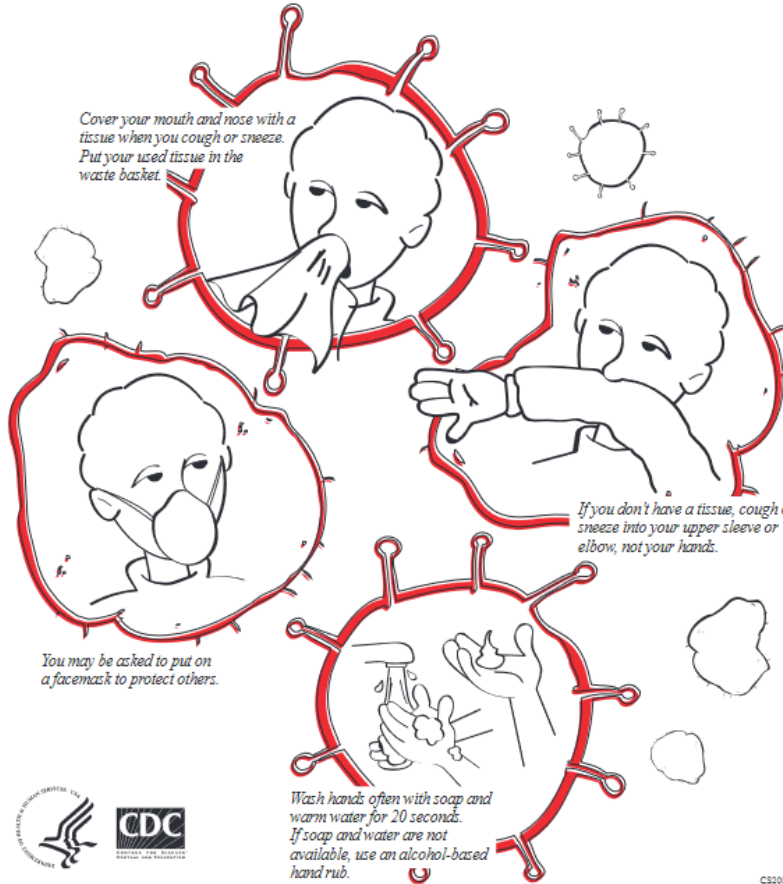
Respiratory Hygiene/Cough Etiquette



Cover your Cough

— Stop the spread of germs that can make you and others sick! —

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

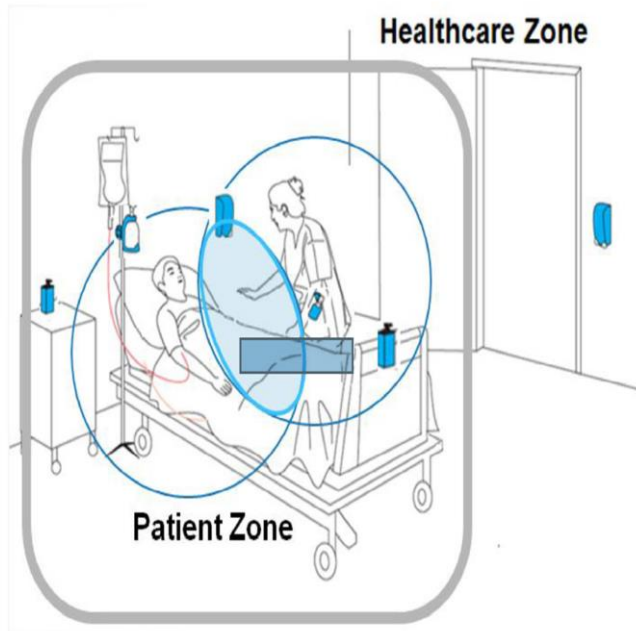


If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.





Mommarazzi Images © 2017

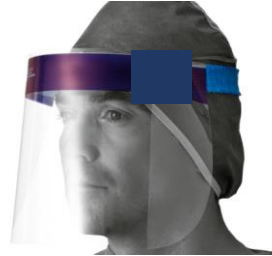


First Global Patient Safety Challenge
Clean Care is Safer Care



Images, Kirk, et al., WHO, Yay Images

Hand Hygiene



Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza	M. tuberculosis, severe acute respiratory syndrome virus (SARS- CoV), avian influenza	Airborne plus Contact Precautions plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, Human metapneumovirus	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out



DROPLET PRECAUTIONS EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.



Make sure their eyes, nose and mouth are fully covered before room entry.

or



Remove face protection before room exit.



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STOP CONTACT PRECAUTIONS STOP EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry. Discard gloves before room exit.



Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person.



Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.



Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Appendix A: Table 2

Who Can Institute Isolation Precautions?

Review policy: For rapid response ANYONE should be able to initiate isolation precautions until clarification and orders are received. Don't waste time and potentially expose others.

Source Control Visitors and Staff

- Illinois
 - Restrict visitors under 18 years of age
 - Prevent introductions of colds, influenza, and potential COVID 19
 - Staff pre-screening prior to shift
- Chicago Metro Area
 - Essential visitors only (e.g. persons on hospice, dementia, psychosocial support) till March 18, 2020: Will review at that time
 - Restrict visitors under 18 years of age
 - Staff pre-screening prior to shift
- Contained Droplets
 - Mask use with training and monitoring per CDC Respiratory Etiquette and source control
- Rapid identification and source control
 - Continual monitoring of symptoms

Controlling Group Contact

- Reduce face to face opportunities for spread
 - Activities
 - Meals
 - Therapy
 - Beauty Shop
- Focus on virtual communication and visits (e.g. Face Time, Skype, closed circuit TV).
- Control unit to unit movement
- Cohort staff
- Cohort residents
- Prepare to restrict movement on affected units



Presenteeism

- Ensure that employees do not stay at work when ill
- Don't force those under your supervision to participate in group activities if they are not feeling well
- Provide support for staff

Source Control





(Manuel Silvestri/Reuters)

- Perform Hand Hygiene
- Remove Mask from Box - wear yellow side out
- Place mask over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or elastic
- Adjust to fit
- Change when coming out of isolation room
- Change if soiled or touched when wearing in public areas
- The front of the mask is considered contaminated and should not be touched.
- Remove by handling only the ties or elastic bands starting with the bottom then top tie or band
- Lift the mask or respirator from the face and discard it into the trash
- Perform Hand Hygiene





Environmental Cleaning and Disinfecting

Ideal Disinfectant



- Nontoxic and non-irritating
- Low toxicity rating
- Not damage surfaces
- Easy to use
- Acceptable odor
- Economical
- One step cleaner / disinfectant
- Expand use to include entire interdisciplinary team including family and alert residents with teaching
- Frequent cleaning/disinfecting frequently touched areas

Equipment Use, Cleaning, Disinfecting

- Dedicate medical equipment for patient care if at all possible.
- Routine cleaning and disinfecting
- EPA registered hospital grade disinfectant“...demonstrated effectiveness against viruses similar to SARS-CoV-2 (COVID-19) on hard non-porous surfaces.”
- Wet contact times known by users
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly
- If no available EPA-registered products approved as emerging viral pathogen claim for SARS-CoV-2 (COVID 19), products with label claims against **human coronaviruses** should be used according to label instructions.

Inventory Control

- Work with vendors
- Assign responsibility for inventory control from entry into facility to point of use
- Staff need access at point of use

What Should Healthcare Providers do if they identify a potential Patient Under Investigation (PUI)?



Immediately notify Infection Prevention



Immediately notify the Local Health Department



Local health department will notify State Health Department



State health departments immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100



Health Department will Complete a 2019-nCoV PUI case investigation form available at CDC 2019-nCoV website

Reminders:



Maintain confidentiality



Share information in a manner
that protects confidentiality of
the protected health information

Hospitals, Long Term Care, Home Care,
Home Health, and Public Health must
communicate and work together



Realize we are part of a larger
healthcare community and must
work together in a spirit of
cooperation.

